

Town of LaGrange



Employment Application

Application Information

Full Name:				Date:		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Address:						
	<i>Street Address</i>			<i>Apartment/Unit #</i>		
	<i>City</i>		<i>State</i>	<i>Zip Code</i>		
Phone:			Email:			
Date Available:	Social Security No.:		Desired Salary: \$			
Position Applied For:						
	Yes	No		Yes	No	
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No				
Have you ever worked for this municipality?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?			
Have you ever pleaded guilty or been convicted of a felony?	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>				
If yes, explain:						

Education

High School:	Address:				
From:	To:	Did you graduate?	Yes	No	Diploma:
			<input type="checkbox"/>	<input type="checkbox"/>	
College:	Address:				
From:	To:	Did you graduate?	Yes	No	Degree:
			<input type="checkbox"/>	<input type="checkbox"/>	
Other:	Address:				
From:	To:	Did you graduate?	Yes	No	Degree:
			<input type="checkbox"/>	<input type="checkbox"/>	

References

Please list three professional references:

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name	Relationship:
Company	Phone:
Address:	

Previous Employment

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Affirmation and Authorization to Release

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

The undersigned applicant hereby authorizes the Town of LaGrange to investigate matters necessary for the verification of the qualifications of the applicant, including fingerprint supported background histories. The applicant hereby authorizes the Town of LaGrange to examine any and all records, files or other information relating to the applicant in the possession of any Federal, State or Municipal authority, including any such records that are available in any police department or other law enforcement agency. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature: _____ Date: _____